



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (January 26, 1995 through February 8, 1995)

MEETING DATE: February 15, 1995

PREPARED BY: City Clerk

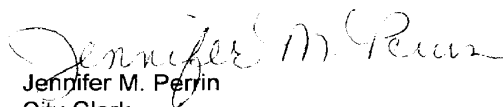
RECOMMENDED ACTION: No action - information only.

BACKGROUND INFORMATION: Copies of applications for Alcoholic Beverage Control Licenses have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Aksarben Pizza Corporation (John Chisholm, President/Director; Vincent Morrissey, Vice President/Director; and Pat L. Kelley, Secretary/Treasurer), Godfather's Pizza, 1413 South Church Street, Lodi, On Sale Beer and Wine Eating Place, Original License
- b) Anupam Sidhu, El Tokay Market, 10 East Tokay Street, Lodi, Off Sale General, Person to Person Transfer

1413 South Church Street is zoned C-S, Commercial Shopping, and 10 East Tokay Street is zoned M-2, Heavy Industrial. These are appropriate zonings for these types of Alcoholic Beverage Control licenses.

FUNDING: None required.


Jennifer M. Perrin
City Clerk

JMP
Attachments

APPROVED: _____

THOMAS A. PETERSON
City Manager



recycled paper

COPY

Do not detach—Return all copies

Do Not Write Above This Line—For Headquarters Office Only

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

Aksarben Pizza Corporation - P-12

1. TYPE(S) OF LICENSE(S)On Sale Beer & Wine Eating
Place

FILE NO. 277-111

RECEIPT NO. 777

GEOGRAPHICAL
CODE 3902Date
Issued

Temp. Permit

Effective Date:

RECEIVED

95 JAN 24 PM 3:47

Applied under Sec. 24044 ☐

Effective Date: Issuance

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.
TYPE

John A. Chisholm, President/Director

Original #1

\$ 300.00

41

Vincent J. Morrissey, Vice Pres./Director

Annual Fee

205.00

Pat L. Kelley, Sec./Treas.

4. Name of Business
Godfather's Pizza**5. Location of Business—Number and Street**

1413 S. Church St.

City and Zip Code
Lodi, CA 95241County
San Joaquin

TOTAL \$ 505.00

**6. If Premises Licensed,
Show Type of License****7. Are Premises Inside
City Limits?** Yes**8. Mailing Address (if different from 5)—Number and Street**

1125 S. 103rd St., Suite 580, Omaha, NE 68124

(Temp) (Perm)

Perm

9. Have you ever been convicted of a felony?

A Corporation

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?** YES**11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.****12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of San Joaquin

Date 1/23/95

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT
SIGN HERE** X**APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

County of _____ Date _____

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.



RECEIVED
55 JAN 25 PM 3:23

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....**302987**
Receipt Number.....**1011300, 1018612**
Geographical Code.....**3902**
Copies Mailed Date **1-24-95**
Issued Date

DISTRICT SERVING LOCATION:**STOCKTON****Name of Business:***El Tolo Market***Location of Business:**

Number and Street
City, State Zip Code
County

**10 E TOKAY ST
LODI CA 95240
SAN JOAQUIN
YES**

Is premise inside city limits?**Mailing Address:**

(If different from
premise address)

**10 E TOKAY ST
LODI CA**

If premise licensed:

Type of license

Transferor's names/license:**SIDHU ANUPAM K 289246**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 21 OFF-SALE GENERAL	RENEWAL FEE	NA	YES	0	JAN 24, 1995	\$446.00 :
TOTAL						\$446.00

Have you ever been
convicted of a felony?

Have you ever violated any provisions of the Alcoholic Beverage Control
Control Act, or regulations of the department pertaining to the Act?

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA**County of SAN JOAQUIN****Date JAN 24, 1995**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)**Applicant Signature(s)****SIDHU ANUPAM K***X. Sidhu.*

LICENSE ACTION REQUEST

STATE OF CALIF.
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1. NAME Keith Cool; Timothy McCormick; Patrick McCormick		2. ABC LICENSE NUMBER 21-200013	
3. DBA Marconi's Market		4. DISTRICT OFFICE Redding	
5. PREMISES ADDRESS 305 S Mt. Shasta Blvd., Mount Shasta, CA 96067		6. LICENSE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No	

A. APPLICATION TO TRANSFER LICENSE

7. Transfer to: _____

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or licensee with no resulting liability to the Department.

Name(s) of Licensee(s)	Signature(s) of Licensee(s)	Name(s) of Licensee(s)	Signature(s) of Licensee(s)
a COOL, Keith	<i>Keith A. Cool</i>		
b McCormick, Timothy	<i>Timothy McCormick</i>		
c McCormick, Patrick	<i>Patrick McCormick</i>		

B. CANCELLATION

☐ Immediately ☐ Upon Issuance ☐ Other: _____

I voluntarily cancel my license because I am no longer in business. I understand my license cannot be reactivate or reinstated.

8. DATE CLOSED	9. SIGNATURE X	10. DATE	11. HOME TELEPHONE NUMBER ()
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Important Notice to Licensee

All licenses surrendered will be automatically revoked if the renewal fees are not paid. Any change of mailing address shall be reported to the District Office. The surrendered license will be automatically canceled upon transfer to the temporary permittee. If the transfer application is denied or withdrawn:
(a) If the transferor intends to resume operation of the licensed business he must request the return of the surrendered license and establish that there has been no change in the ownership or the qualifications of the licensed premises.
(b) If the transferor does not intend to resume operation of the licensed business and does not request return of the surrendered license then the Department will proceed to hold the license under the provisions of Rule 65. The effective date of Rule 65 surrender will be the date of application, denial, or withdrawal.

C. SURRENDER - Rule 65

☐ Immediately ☐ Upon Issuance ☐ Other: _____

I voluntarily surrender my license for a period of not more than one year. I intend to ☐ Transfer ☐ Reactivate the license. I understand that the license must be renewed at the time renewal fees are due or the license will be automatically revoked. I further understand that the Department will proceed to automatically cancel my license at the expiration of the one-year period if not transferred or reactivated.

12. DATE CLOSED	13. SIGNATURE X	14. DATE	15. HOME TELEPHONE NUMBER ()
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16. MAILING ADDRESS

FOR DEPARTMENT USE ONLY ☐ Premises Abandoned ☐ Letter Attached Requesting Surrender or Cancellation ☐ Other: _____

D. REQUEST FOR SURRENDER OF RETAIL LICENSE FOR TEMPORARY PERMIT

UNDER SECTION 24045.5(b) OF THE ALCOHOLIC BEVERAGE CONTROL ACT

17. TRANSFEREE	18. SURRENDER DATE	19. EFFECTIVE DATE	20. EXPIRATION DATE
21. TRANSFEROR'S SIGNATURE X	22. DATE		

E. REQUEST FOR SURRENDER OF PRIVILEGES ON A PORTION OF THE PREMISES

UNDER RULE 53.

I/we hereby surrender the privileges or my/our alcoholic beverage license in my/our _____
banquet room, dining room, etc.
_____ on _____ date between the hours of _____ and _____.

23. I/We have read the foregoing and know the contents thereof. SIGNATURE X	24. TELEPHONE NUMBER ()	25. DATE
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26. MAILING ADDRESS

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5907

State of California

County of Siskiyou

On 12.9.94 before me, Patreece D. Markey "Notary Public"

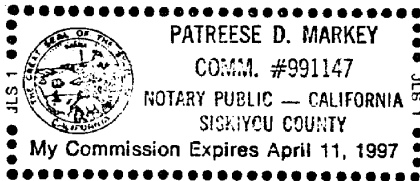
DATE

NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Keith A. Cool

NAME(S) OF SIGNER(S)

☒ personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Patreece D. Markey
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☐ INDIVIDUAL
☐ CORPORATE OFFICER

TITLE(S)

- ☒ PARTNER(S) ☐ LIMITED
☐ ATTORNEY-IN-FACT ☐ GENERAL
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

DESCRIPTION OF ATTACHED DOCUMENT

Application to
Transfer License
TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

Marconi's Market

SIGNER(S) OTHER THAN NAMED ABOVE

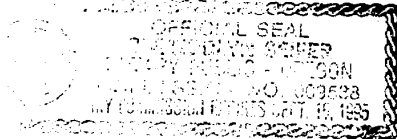
GENERAL ACKNOWLEDGMENT

State of Oregon

County of Jackson

On December 21, 1994 before me, Gwendolyn Seifer, Notary Public for the State of Oregon, personally appeared Timothy McCormick personally known to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Gwendolyn Seifer
Signature of Notary Public